

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Eastampton Board of Education County: Burlington  
 Employee Organization: Eastampton Teachers Education Association Employees in Unit: 78  
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	<u>\$4,038,682</u>	<u>\$4,112,310</u>
Item 2 .....	Increment		
Item 3 .....	Longevity	<u>\$70,000</u>	<u>\$78,500</u>
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column		<u>\$4,108,682</u> (Total)	<u>\$4,190,810</u> (Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$4,108,682

Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>			
Percent Increase .....	<u>2</u>	<u>2.75</u>	<u>2.95</u>			
Total cost of Increase .....	<u>\$82,128</u>	<u>\$115,440</u>	<u>\$127,102</u>			
Total base salary (successor agreement) .....	<u>\$4,190,810</u>	<u>\$4,306,250</u>	<u>\$4,433,352</u>			

**Section V: Impact of Settlement - average annual increase over term of agreement**Percentage Impact (average per year over term of agreement) 2.56Dollar Impact (average per year over term of agreement) \$108,223.00**Section VI**Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	<u>\$1,653,095</u>	<u>\$1,702,687</u>				
Employee Contributions .....	<u>\$179,520</u>	<u>\$250,094</u>				
Prescription .....						
Dental .....						
Vision .....						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

MARIAN SMITH  
 Print Name: Mariae T. Smith  
 Signature

Title: BUSINESS ADMINISTRATOR  
 Date: 6/27/16